

City of Harrisburg  
**HOME IMPROVEMENT PROGRAM**  
**WAITING LIST APPLICATION**

*Notice: This application may be completed ONLY by the person(s) who own the property*

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Whose name(s) appears on the deed? \_\_\_\_\_

Do you have current Homeowners Insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Insurance Agent/Broker? \_\_\_\_\_

Are your Real Estate Taxes and City Utilities paid up to date? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the TOTAL monthly household income? \$ \_\_\_\_\_

Have you declared bankruptcy within the past twelve (12) months? Yes \_\_\_\_\_ No \_\_\_\_\_

**HOUSEHOLD MEMBERS NAMES:** (List yourself first. Use back of form for additional space.)

Name:	Date of birth:	Social Security #	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HOUSEHOLD MEMBERS INCOME(s):** (Use back of form for additional space)

Name:	Amount per month:	Employer/Source:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Participation in the Home Improvement Program requires you to continue to live in the property for ten (10) years after rehabilitation. If it appears that you might qualify for HIP assistance, which may be a grant(s), a low-interest loan or both, you will be placed on a waiting list and called for an interview at a later date. Return all applications to: City of Harrisburg, MLK City Government Center, Dept. of Building and Housing Development, Suite 206, Harrisburg, Pa. 17101.

OFFICE USE ONLY: Date received \_\_\_\_\_ Property # \_\_\_\_\_